



**Government of the District of Columbia**

**Office on Aging**

## **REQUEST FOR APPLICATIONS**



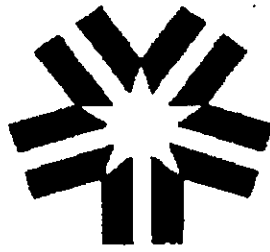
### **Fiscal Year 2010 Competitive Grant Program Lead Agency Grants**

The D.C. Office on Aging Invites the Submission of Applications for Funding under the Older Americans Act of 1965, as amended (P. L. 89-73) and DC Law 1-24, as amended.

**RFA Release Date: June 19, 2009**

**Application Submission Deadline: July 29, 2009, 5:00 p.m., EDT**

**LATE APPLICATIONS WILL NOT BE ACCEPTED**



**DISTRICT OF COLUMBIA  
OFFICE ON AGING**

**Announces**

**A**

**PREAPPLICATION WORKSHOP**

**FOR**

**FISCAL YEAR 2010  
Competitive Grant Program  
LEAD AGENCY GRANTS**

**June 30, 2009  
10:00 a.m.  
441 4<sup>th</sup> Street, NW  
Suite 950 South  
Washington, DC 20001**

**For questions, please contact:  
Aurora Delespin-Jones, Program Analyst or  
Eric Manuel, Program and Grants Manager  
202-724-8821**

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**GOVERNMENT OF THE DISTRICT OF COLUMBIA**  
**OFFICE ON AGING**



Clarence Brown, Ph.D.  
Executive Director

June 19, 2009

Dear Applicant:

Thank you for your interest in applying for a grant under the Office on Aging's Lead Agency Competitive Grant program. This letter highlights a few items in the application package that will be important to you in applying for a grant. You are encouraged, however, to review the entire application package carefully before preparing and submitting your application. Please note the following provisions:

1. Eligible applicants include nonprofit and for profit organizations, although for-profit organizations may not include profit in their grant application.
2. In an effort to facilitate an effective application evaluation process, all applicants must adhere to the program narrative limitation of 25 pages. Applications that exceed this number will not be reviewed and will be returned to the applicant without review. To further expedite the reading process; please follow the format in Section III, Proposal Format provided in the application package.
3. Current and former Office on Aging grantees should note that prior performance will be assessed and considered in final funding determinations.
4. All applicants must supply a D.U.N.S. number issued by Dun & Bradstreet.
5. All applicants must supply a Certification from the District of Columbia Office on Tax and Revenue that your agency is compliant with District of Columbia tax requirements.
6. All applicants must supply proof of payment of unemployment taxes from the District of Columbia Department of Employment Services.
7. All applicants must supply a current Certificate of Incorporation issued by the District of Columbia Department of Consumer and Regulatory Affairs showing that the organization is in good standing with the DC government.

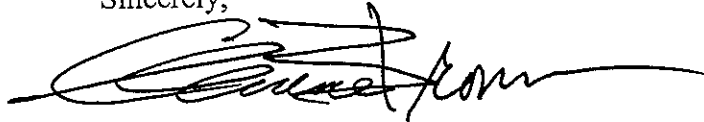
8. All applicants must supply Minutes of Board of Director's meeting, signed by the President or Secretary of the Board, in which the Board authorized the grantee to submit an application for funding to the Office on Aging or certification from the Board, signed by either the President or Secretary, giving the Executive Director authority to apply for grants.
9. All applicants must submit a copy of the agency's most recent audited financial statement.
10. The successful applicant is expected to participate in community meetings for purposes of outreach, crime reduction, emergency preparedness, and collaboration. All applicants must show evidence of staffing that includes a full-time lead agency director, a licensed nutritionist/registered dietician, licensed social worker and a community planner, ADRC coordinator, and nutrition site managers, supported by other administrative staff, consultants and volunteers.
11. Aging & Disability Resource Center (ADRC) is a local and federally-supported entity whose purpose is to coordinate services and assistance for older adults and younger persons with disabilities and it complements other long-term care system change activities designed to enhance access to community living. It is a collaborative effort mobilizing both public and private sector resources to deliver effective long-term care support resources for providers and customers in a single coordinated service delivery system. The DC ADRC serves as a "one stop shop" helping customers and their families simplify access to needed information, services, and assistance.

The lead agency's primary location must be a satellite site for the ADRC. As an ADRC satellite site, the lead agency will cooperate with and carry out assigned duties developed by the ADRC. The successful applicant will be expected to provide ADRC sufficient staff support by designating an ADRC Coordinator and space to facilitate all ADRC satellite functions.
12. Lead Agencies provide a wide range of services and activities for seniors using varied methods and approaches including intergenerational volunteers in delivering dynamic programming for seniors.
13. The Office of Aging strongly supports and encourages the utilization of local and small businesses certified through the Department of Small and Local Business Development's Certified Business Enterprise program. The successful applicant is encouraged to utilize the resources of the Department of Small and Local Business Development, including the *Business Center* found on DSLBD's website (<http://dslbd.dc.gov>) as a resource for identifying CBEs and to publish contracting and procurement opportunities.

14. The application must be postmarked or hand delivered on or before the deadline date. Detailed mailing instructions are provided in the "Instructions for Transmitting Applications." Applications submitted late will not be accepted. The Office on Aging is required to enforce the established deadline to ensure fairness to all applicants. No changes or additions to the applications will be accepted after the deadline date.

For additional information regarding this application package, please contact Eric Manuel, Program and Grants Manager or Aurora Delespin-Jones, Program Analyst of the Office on Aging, Program and Grants Unit, 441 4th Street, NW, Suite 900 South, Washington, D.C. 20001, telephone (202) 724-8821.

Sincerely,

A handwritten signature in black ink, appearing to read "Clarence Brown", with a long horizontal flourish extending to the right.

Clarence Brown, Ph.D.  
Executive Director

**Applicant Profile**  
**D.C. Office on Aging**  
**Fiscal Year 2010 Lead Agency Program Grant**

**Applicant Name:** \_\_\_\_\_

**TYPE OF ORGANIZATION**

**Non-Profit** \_\_\_\_\_ **For-Profit** \_\_\_\_\_ **Government** \_\_\_\_\_ **Other** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Office Address:** \_\_\_\_\_

**Phone/Fax:** \_\_\_\_\_

**E-mail address:** \_\_\_\_\_

**Website URL:** \_\_\_\_\_

**D.U.N.S. Number:** \_\_\_\_\_

**Tax Identification Number:** \_\_\_\_\_

**Service Area:** \_\_\_\_\_

**Program Description:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Total Program Cost:** \$ \_\_\_\_\_

**DCOA Grant Funds** \$ \_\_\_\_\_

**Applicant Funds** \$ \_\_\_\_\_

\_\_\_\_\_  
**Name and Title of Authorized Official**

\_\_\_\_\_  
**Signature of Authorized Official**

\_\_\_\_\_  
**Date**



**District of Columbia  
Office on Aging**

**Request for Applications  
Fiscal Year 2010 Lead Agency Program Grant**

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|                  |                            |
|------------------|----------------------------|
| <b>SECTION I</b> | <b>GENERAL INFORMATION</b> |
|------------------|----------------------------|

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The Office on Aging is the single State Agency designated by the Mayor under D.C. Law 1-24, as amended, to administer the provisions of the Older Americans Act and to promote the welfare of the aged (defined as those persons 60 years of age and older).

**Mission**

The Mission of the Office on Aging is to provide advocacy, health, education, employment, and social services to District residents aged 60 and older so they can live longer and maintain independence, dignity, and choice.

**Introduction**

The Office on Aging provides grants to Lead Agencies to provide a full range of services for all Wards of the City. This RFA is for services in Wards 1- 8, which serves the following communities:

- **Ward 1** – Serving the communities of Columbia Heights, Park View, Mount Pleasant, Adams Morgan, Cardozo/Shaw, Lanier Heights, LeDroit Park, and Pleasant Plains;
- **Ward 2** – Serving the communities of Downtown, Georgetown, West End, Dupont Circle, Kalaroma Heights, Foggy Bottom, Mt. Vernon Square, Logan Circle/Shaw, Chinatown, and Penn Quarters;
- **Ward 3** – Serving the communities of Chevy Chase, Friendship Heights, American University Park, Spring Valley, Cathedral Heights, Palisades, Wesley Heights, Foxhall Crescents, Foxhall Village, Georgetown, Pinehurst Circle, Barnaby Woods, Hawthorne, Kalorama Heights, West End, Foggy Bottom, Georgetown Reservoir, Tentlytown, Massachusetts Heights, McLean Gardens, North Cleveland Park and Dupont Circle;

- **Ward 4** – Serving the communities of North Portal Estates, Shepherd Park, Brightwood, Lamond-Riggs, Petworth, Crestwood, Brightwood Park, Manor Park, Colonial Village, Fort Totten, Hawthorne, 16<sup>th</sup> Street Heights, and Pleasant Hills;
- **Ward 5** – Serving the communities of Brookland, Brentwood, Eckington, Woodridge, Ft. Lincoln, Gateway, Trinidad, Carver-Langston, Edgewood, Langdon, Bloomingdale, North Michigan Park, Michigan Park, University Heights, Old Soldier’s Home, Queens Chapel, Ivy City, South Central, and Arboretum;
- **Ward 6** – Serving the communities of Near Southeast, Capitol Hill, Lincoln Park, Kingman Park, Southwest Waterfront, Stanton Park, Navy Yard, North Capitol, Truxton Circle, Buzzard Point, Ft. McNair, Lincoln Park, Eastern Market, Capitol East and Near Northeast;
- **Ward 7** – Serving the communities of Naylor Gardens, Randle Highlands, Fairfax Village, Penn Branch, Ft. Davis Park, Benning Ridge, Marshall Heights, Capitol View, Grant Park, Burrville, Deanwood, Lincoln Heights, Benning Heights, River Terrace, Mayfair, Eastland Gardens, Kenilworth, Greenway, Central Northeast, Twining, Hillcrest, Ft. Dupont, Good Hope, Fairlawn, Hillbrook, Kingman Park, Park Naylor, Capitol Gateway, and Northeast Boundary; and
- **Ward 8** – Serving the communities of Bellevue, Boling Air Force Base, Hunter Pines, Parklands, Ridgecrest, Manor Gardens, Washington Highlands, Congress Heights, Douglass, Shipley Terrace, Knox Hill/Buena Vista, Sheridan, Woodlawn, Garfield Heights, Barry Farm, Hillsdale, Ft. Stanton, Historic Anacostia, and Fairlawn.

A Lead Agency is responsible for efficiently and effectively planning, developing, coordinating, and implementing programs that ensure a continuum of services is available for the District’s elderly and carrying out the mission of the D.C. Office on Aging as shown above in this RFA. It also serves as a catalyst for change, a clearinghouse for obtainable resources, identifies gaps in services and provides linkages and coordination of service delivery. Lead agencies are responsible for becoming familiar with the 39 neighborhood clusters, especially those in their specific Ward or service area, as shown above, and participating in neighborhood cluster meetings. In addition, Lead Agencies must:

- Have knowledge of the social and demographic characteristics of the elderly in the Ward;
- Develop and implement a needs assessment to identify the needs in the target community;
- Network with other community organizations, public and private agencies and associations to carry out an effective and efficient service delivery system.

- Hold quarterly community planning meetings with organizations such as Advisory Neighborhood Commissions, Commissioners on Aging, Mini-Commissions on Aging, civic associations, hospitals, recreation centers, public schools, churches, and other agencies/organizations.
- Develop and implement a structured community outreach program.
- Establish a Senior Neighborhood Advisory Council to serve as an advisory group in planning and developing a coordinated service delivery system.
- Develop an Emergency Preparedness Plan for the agency and satellite nutrition sites and programs. The plan must include a mechanism for identifying those high-risk seniors with limited mobility and have a shelter-in-place and evacuation component.

### **Target Population**

The target population for the Fiscal Year 2010 Lead Agency Program Grant is individuals aged 60 and over, residing within the geographical boundaries of Wards 1-8 of the District of Columbia.

### **Aging & Disability Resource Center**

Aging & Disability Resource Center (ADRC) is a federally-supported entity whose purpose is to coordinate services and assistance for older adults and younger persons with disabilities and it complements other long-term care system change activities designed to enhance access to community living. It is a collaborative effort mobilizing both public and private sector resources to deliver effective long-term care support resources for providers and customers in a single coordinated service delivery system. The DC ADRC serves as a “one stop shop” helping customers and their families simplify access to needed information, services, and assistance. The Lead Agency’s primary location will be a satellite site for the ADRC. As an ADRC satellite site, the Lead agency will cooperate with and carry out assigned duties developed by the ADRC. The successful application will be expected to provide sufficient staff support by designating an ADRC Coordinator and space to facilitate all ADRC satellite site functions.

### **Intergenerational Volunteers**

Lead Agencies provide a wide range of services and activities for seniors using varied methods and approaches. The successful applicant will demonstrate its capacity to use intergenerational volunteers in delivering dynamic programming for seniors. Volunteers may be individuals or groups and must be tracked through out the year for performance measure reporting.

## **Client Services Tracking and Reporting System**

The District of Columbia Office on Aging (DCOA) administers grants funded through the Older Americans Act (OAA), other federal funds, and District government appropriated funds to provide supportive services to and for the benefit of elderly residents and caregivers of the elderly within the District of Columbia. DCOA provides services directly and in partnership with the Senior Service Network, a network of provider agencies supported by DCOA to carry out projects and services prescribed and monitored by DCOA.

In FY-2009, the DCOA implemented the Client Services Tracking and Reporting System (CSTARS). The system provides DCOA with a system-wide electronic client management database and an integrated system of reporting to ensure unduplicated client counts, timely financial accounting, and accurate service data for utilization review. The successful applicant is expected to have sufficient organizational capacity to ensure accurate data input and management using the CSTARS system.

## **Eligible Organizations/Entities**

Any public or private, community-based non-profit agency, organization, or institution located in the District of Columbia is eligible to apply. For-profit organizations are eligible, but may not include profit in their grant application. For-profit organizations may also participate as subcontractors to eligible public or private non-profit agencies. All successful applicants shall provide certification indicating that the applicant is a corporation in good-standing in the District of Columbia and has complied with the filing requirements of the District of Columbia tax laws, and that the applicant has paid taxes due to the District of Columbia Office of Tax and Revenue and the Internal Revenue Service, or is in compliance with payment agreements with the Office of Tax and Revenue and the Internal Revenue Service.

The successful applicant must be current in payments of all unemployment taxes which will be verified by DCOA through the DC Department of Employment Services.

The applicant must certify that it has high-speed internet access and that the organization's website is updated.

## **Source of Grant Funding**

Funds are made available through both federal grant funds and District appropriated funds to the Office on Aging.

## **Award Period**

The grant award will be for one (1) year, October 1, 2009 through September 30, 2010, with possible continuation years based on the Office on Aging's determination of satisfactory progress during the initial year of the grant.

## **Grant Awards and Amounts**

Fiscal Year 2010 grant funds in the amount not to exceed \$4,712,599.00 are available for Wards 1-8 Lead Agency grant awards. All applicants will be required to show a minimum 15% cash or in-kind matching contribution when applying for funds under this RFA. **Participant contributions cannot exceed 25% of a grantee's match.**

Maximum funding by Ward is as follows:

- Ward 1 – \$252,981.00
- Ward 2 – \$751,489.00
- Ward 3 – \$793,340.00
- Ward 4 – \$528,591.00
- Ward 5 – \$614,367.00
- Ward 6 – \$488,453.00
- Ward 7 – \$736,833.00
- Ward 8 – \$546,545.00

## **Pre-Award Site Visit**

Highly ranked applicants who are recommended for funding by the review panel may be selected for a pre-award site visit. The decision to visit an applicant for a pre-award site visit rests solely and finally with the Executive Director of the District of Columbia Office on Aging.

## **Performance Measures**

The Government of the District of Columbia has adopted performance based budgeting for all programs and services. The Office on Aging has developed service standards and performance goals and outcome measures for the programs shown below. The successful applicant for the Lead Agency must provide these services and **must** use the performance goals and outcome measures identified by the D.C. Office on Aging. Performance measures for affected services are shown below. Instructions for completing performance measures are in Attachment D.

- **In-home and Continuing Care**
  - In-Home Nutrition Program
    - Weekday and Weekend Home-Delivered Meals

- Comprehensive Assessment
- Case Management
- Caregiver Support
  - Respite/Supplemental
  - Caregiver Respite (Includes day, residential, weekend, camp, club)
  - Caregiver Supplemental Services
  - Caregiver Extended Day Care, if Day Care is provided
- **Community-Based Support**
  - Health Promotion and Wellness
  - Community /Services
    - Counseling
    - Transportation to Sites and Activities
    - Recreation
    - Community Nutrition
      - Congregate Meals
      - Nutrition Education
      - Nutrition Counseling
- **Consumer Information, Assistance, and Outreach**
  - Intergenerational Volunteers

## **Multiple Submissions**

Applicants desiring consideration to provide programs and services in more than one service area must submit a separate application for each service area as described in the Introduction Section on pages 5 and 6 of this RFA. Each application must be self-contained and include all required information (including a separate budget) as outlined in the RFA.

Staff must be budgeted and work 100% full-time in each grant program. If awarded, current grantees with split staff must comply with the 100% dedication of time and attendance in each ward program.

## **Contact Persons:**

For further information, please contact one of the following:

Eric Manuel or Aurora L. Delespin-Jones, Maxine Grey, Cheryl Taylor or Tiffanie Yates at the D.C. Office on Aging, 441 4<sup>th</sup> Street, NW, Suite 900 South, Washington, DC 20001, 202-724-8821.

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## **SECTION II PROGRAM AND ADMINISTRATIVE REQUIREMENTS**

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### **Use of Funds**

Applicants must only use grant funds to support the District of Columbia FY 2010 Lead Agency Program Grant and the target population of seniors who reside in each Ward.

### **Audits**

The District of Columbia Office on Aging (DCOA) **requires all grantees (except agencies and universities of the District of Columbia) to have an annual audit.** The audit must be conducted in accordance with generally accepted auditing standards, the Comptroller General's Standards for Audit of Government Programs Activities and Functions, The Office on Aging Audit Guide, and Office of Management and Budget (OMB) Circular No. A-133.

The District of Columbia law requires that any firm or person conducting audits in the District be licensed by the District of Columbia Department of Consumer and Regulatory Affairs. Grantees are required to schedule and budget for the use of independent auditors. Based on grant terms between the Grantee and the Office on Aging, **the auditor must be a Certified Public Accountant, licensed to practice in the District of Columbia.**

### **Staffing**

The applicant should employ qualified staff and maintain documentation that staff possesses adequate licensure, training, and competence to perform the duties as assigned. The applicant should obtain advanced approval in writing from DCOA on any staff hired in key positions or any changes in staffing patterns or job descriptions affecting such positions in accordance with established Policy Memorandum 02-P07, Approval for Key Personnel and the *DCOA Grants Policy Manual*.

Key staff for a Lead Agency shall include, but are not limited to:

|                                 |   |
|---------------------------------|---|
| Project Director                | Nutritionist, Licensed/Registered Dietitian |
| Licensed Social Workers         | Outreach Coordinator                        |
| Recreation/Activity Coordinator | Nutrition Site Managers                     |
| ADRC Coordinator                | Data Entry Specialist                       |

## **Records**

The applicant must keep accurate records of activities of the project when delivering services to clients and retain them for a period of three years after the grant ends. Records should be available at the organization's headquarters and available for inspection by DCOA or other District or Federal entities at any time.

The applicant should maintain records reflecting initial intakes, periodic assessments, and ongoing progress of each client. The applicant shall maintain confidentiality of client records and to the extent possible the client must validate all services delivered.

## **Monitoring**

DCOA shall monitor and evaluate the performance of the applicant according to the program scope, DCOA Service Standards, related Federal and local regulations and policy requirements.

The DCOA staff will review all written policies and procedures, staff licenses and certifications, information bulletins, monthly invoices, client service rosters, and other source documents applicable to the program. Grant monitors will review monthly reports, conduct site visits, and maintain contact with the applicant to assess performance in meeting the requirements of the grant. In addition, DCOA staff will review client information service and financial data submitted through the CSTARS web-based system.

The DCOA has implemented the Client Services Tracking and Reporting System for recording, tracking, monitoring and managing client and financial data. Successful applicants will use this system to input trackable service unit data, enter case notes, and monitor staff assignments and progress in a timely manner. Financially, the system generates monthly invoices for most services.



## SECTION III PROPOSAL FORMAT

Applicants are required to follow the format shown below. The purpose and content of each section is described. Applicants should include all information needed to adequately describe their objectives and plans for services. It is important that proposals reflect continuity between the goals and objectives, program design, and work plan, and that the budget demonstrates the level of effort required for the proposed services. Each proposal must contain the following information:

- **Applicant Profile** identifies the applicant, type of organization, Tax I.D. numbers, D.U.N.S. number, project service area and the amount of grant funds requested.
- **Table of Contents** should list major sections of the proposal with quick reference page indexing.
- **Proposal Abstract** concisely describes the proposed project. It should be written for the general public. The abstract should be brief and include the program goal(s), objectives, overall approach (including target population and significant partnerships), anticipated outcomes/products, and time frames. The abstract should not exceed 1 page. The proposal abstract is not counted in the 25-page limitation.
- **Program Narrative** should contain the information that justifies and describes the program to be implemented. The program narrative should be written in a clear, concise manner and must not exceed 25 pages. Generally, the program narrative should address the following criteria. Specific technical scoring criteria are found in Section V.
  - ❖ Needs Assessment that shows social and demographic characteristics of seniors and other needs for specific services in the Ward
  - ❖ Background and Understanding
  - ❖ Project Workplan which should include:
    - Program goals;
    - Measurable objectives that incorporate evidence-based program modules and target outcomes, which relate to lead agency responsibilities, customer service responsibilities and ADRC Plans;
    - Schedule for quarterly community meetings and discussion topics
    - Structured Community Outreach Program
    - Service evaluation specifying the methodology used such as the Performance Outcome Measures Project (POMP) developed by the Administration on Aging (AOA) at [www.gpra.net](http://www.gpra.net).
  - ❖ Organizational Capability and Relevant Experience
    - Successful programmatic experiences i.e., external evaluations, summaries of customer surveys, or other objective forms of measurement;

- Emergency Preparedness Plan and sheltering-in-place (Include in Appendices); and
  - Ability to timely and accurately meet program reporting requirements such as, completion of AOA-required intake data, nutrition screenings, invoices, and CSTARS required data and reports.
- **Program Budget** summary sheet and budget narrative should address the criteria listed under Budget and Fiscal Management. Applicants should provide evidence of an established accounting system with policies and procedures that reasonably assure internal controls are maintained in managing funds. A sample budget narrative is included in Attachment C. All budget narratives **must** follow this format. Budget forms and budget narratives are not counted in page limit.
- **Performance Outcome Measures** – Use the appropriate performance outcome measure for the service proposed in this application. Use the forms exactly as they are printed in this RFA. Performance Measure Outcome Forms are included in Attachment D. Performance Measure Outcome forms are not included in the 25 page limitation. At the end of the grant period, this form shall be completed in the CSTARS system.
- **Certifications and Assurances** – Certifications and Assurances are not counted in page total. Certifications and Assurances are found in Attachments A and B
- **Appendices** - This section shall be used to provide technical material, supporting documentation and endorsements. Appendices are not counted in the page total. The following **required** items must be included in the Appendices:
  - ❖ Audited financial statement for the year ending September 30, 2008 or December 30, 2008;
  - ❖ Certification from the D.C. Office of Tax and Revenue that District of Columbia tax requirements are current;
  - ❖ Current Certificate of Incorporation from the Department of Consumer and Regulatory Affairs showing that the applicant is in good standing and is authorized to conduct business in the District of Columbia;
  - ❖ Name, address, telephone numbers (both home, work, if available), positions held, ethnicity, and gender of the applicant's current Board of Directors as of the date of the grant application;
  - ❖ Minutes of Board of Directors' meeting, signed by the President or Secretary of the Board, in which the Board authorized the applicant to submit an application for funding to the Office on Aging or certification signed by the

President or Secretary that the Executive Director has the authority to apply for grants;

- ❖ Copy of negotiated indirect cost rate agreement, if one exists. If none exists, basis upon which indirect cost is calculated as verified by official letter from the applicant's auditor.
- ❖ Inventory of Office on Aging-funded equipment and vehicles, with serial numbers or VIN numbers as appropriate and dates of purchase. (for current Office on Aging grantees, only).
- ❖ Emergency Preparedness Plan for the agency, which includes plans for evacuation and sheltering in place at main and satellite program and nutrition sites. This emergency plan must also include a mechanism for identifying high-risk seniors with limited mobility that may need emergency assistance.
- ❖ Proposed organizational chart for the project;
- ❖ Letters of support from collaborating community organizations (**Current grantees should not submit letters from other participants in the Office on Aging Senior Service Network.** Please note that letters of support from other individuals should be a separate submission and will not be submitted to the panel for evaluation.);
- ❖ All staff resumes; and
- ❖ Existing and planned job descriptions.

**The total number of pages for the proposal narrative may not exceed 25 double-spaced pages on 8½ by 11-inch paper. *The entire document must be double spaced-including bullet items.* Margins must be no less than 1 inch and a font size of 12-point is required. Times New Roman, Georgian, Courier, Arial, or similar font is strongly recommended. Pages should be numbered. The review panel will not review applications that do not conform to all of these requirements.**

## SECTION IV PROGRAM SCOPE

The purpose of this Request for Applications is to announce funding availability to assist qualified applicants in the development and implementation of comprehensive and coordinated community-based systems of programs and services for District residents who reside in Wards 1-8 and are aged 60 and above. These services shall be designed to meet the complex and ever-changing needs of the elderly, especially for individuals with the greatest economic and/or social needs, with particular emphasis on low-income minority elderly.

### Customer Service Responsibilities

Applicants responding to this request for application shall be responsible for delivering the following programs and services to the target population in each service area at the minimum levels specified in the service chart as outlined on page 21.

- Congregate Meals
- Counseling Services
- Health Promotion
- Nutrition Counseling
- Nutrition Education
- Recreation/Socialization
- Transportation to Sites/Activities
- Weekday Home-Delivered Meals Services
- Weekend Home-Delivered Meals Services
- Caregiver Stipend-Respite/Supplemental Services
- Comprehensive Assessment
- Case Management
- Day Care (optional)

The services and programs funded by the Office on Aging are comprehensive in nature and scope. Therefore, each applicant agency/organization must have the demonstrated ability, at a minimum, to provide the following programs/services. **The DC Office on Aging has developed Service Standards for all programs. Successful applicants will review these standards and ensure that applications address these critical mandatory standards. The applicant shall develop program activities that reflect the following:**

#### 1) Congregate Meals Service

The service is for eligible District residents at congregate nutrition sites. The applicant shall provide the sites directly or through memoranda of understanding with partner organizations, staff supports for the sites, and other service as necessary to ensure that the mid-day meals improve or maintain the nutritional status of the elderly and strengthen the maximum functioning and independence of elderly individuals. The service unit for a congregate meal is one complete meal provided to one eligible participant.

## 2) **Counseling**

The applicant shall provide counseling service through professionally trained personnel qualified by education or professional experience in a related field. Counseling is problem identification and resolution service provided to the target population and their families who need emotional support and guidance. Counseling must be offered as part of a community program providing other services, i.e., social, nutritional, or health-related services. The service unit for counseling is one hour of service provided to an eligible participant. Hours of service provided may include the time spent in preparing for the session, meeting with the participant, and following up with the participant, family, or friends.

## 3) **Health Promotion**

The applicant shall provide health promotion service and programs designed to promote healthy behaviors and lifestyles through health education and physical fitness. The applicant shall provide this service in a community-based setting that involves a range of structured evidence-based programs and activities to educate the elderly on how to develop healthy lifestyles to prevent and/or control disease. The service unit for health promotion is one hour of service provided to an eligible participant. Participants must receive three health promotion activities per week, two of which must be physical activity.

## 4) **Nutrition Counseling**

The applicant shall provide individualized advice and guidance to individuals who are at nutritional risk because of their health or nutritional history, dietary intake, medication use and/or chronic illness. The service unit for nutrition counseling is one hour of service provided to an eligible participant. Hours of service provided may include the time spent in preparing for the session, meeting with the participants, and following up with the participant, family, or friends. **Nutritional counseling must be performed by a DC licensed nutritionist and/or dietician as specified in the Service Standards.**

## 5) **Nutrition Education**

The applicant shall provide a program in a group setting, overseen by a licensed dietitian or individual of comparable expertise, to promote optimum health by providing accurate and culturally sensitive nutrition, physical fitness or health information and instruction to the target population. The service unit for nutrition education is one – one hour session provided to an eligible participant by a professionally trained worker. Hours of service provided may include the time spent in preparing for the session. The time of the session is determined by the published schedule of activities for the center.

Nutrition education shall be offered twice yearly (semi-annually) at a minimum and shall not exceed 12 sessions annually (one per month) per congregate nutrition site.

**6) Socialization**

The applicant shall provide socialization services and programs that meet individual and social needs for continued growth and development, to reinforce a sense of dignity and independence, and to reduce isolation for the target population using evidence-based programs and materials. The service unit for socialization is one one-hour session provided to one eligible participant. The session is planned and the activity is available to all center participants who wish to participate. The time of the session is determined by the published schedule of activities for the center. The maximum time for any one session is four hours.

**7) Transportation to Sites and Activities**

The applicant shall provide transportation and assistance for individuals to participate in various programs and activities within the boundaries of the District of Columbia and within a 20-mile radius of the Beltway only. The service unit for transportation to sites and activities is one one-way trip, provided to one eligible participant (i.e., one-person trip).

**8) Weekday Home Delivered Meals Service**

The Office on Aging provides complete nutritious meals that meet or exceed one-third of the current daily Recommended Dietary Allowances and follows the U.S. Department of Agriculture Dietary Guidelines for Americans, published jointly with the U.S. Department of Health and Human Services, to improve or maintain the nutritional status and to maintain the maximum functioning and independence of the homebound individual.

The applicant must ensure that these meals reach individual homebound clients in a manner consistent with the service standard for home-delivered meals. The service unit for weekday home-delivered meals is one complete meal, as prepared and delivered by the Office on Aging's nutrition contractor, delivered to one eligible participant.

**9) Weekend Home Delivered Meals Service**

The Office on Aging provides complete nutritious meals that meet or exceed one-third of the current daily Recommended Dietary Allowances and follows the U.S. Department of Agriculture Dietary Guidelines for Americans, published jointly with the U.S. Department of Health and Human Services, to improve or maintain the nutritional status and to maintain the maximum functioning and independence of the homebound individual.

The applicant must ensure that these meals reach individual homebound clients in a manner consistent with the service standard for home-delivered meals. The service unit for weekend home-delivered meals is one complete meal, as prepared by the Office on Aging's nutrition contractor, delivered to one eligible participant.

#### **10) Caregiver Stipend - Respite/Supplemental Services**

The applicant shall provide respite and/or supplemental services to eligible caregivers to enable them to purchase respite services that allow them to be temporarily relieved of their caregiving responsibilities or to purchase supplies or equipment that will ease their caregiving burden.

A service unit for respite is one hour of service that may be delivered in the home, a community setting or in a residential facility that relieves the caregiver of their caregiving responsibilities on a temporary basis.

A service unit for supplemental services is the quantity of the item purchased. For example, one case of adult diapers is considered one unit.

#### **12) Comprehensive Assessment**

The applicant shall provide comprehensive assessment services that identify the problems of and resources available to multiple-impaired individuals for the purpose of prescribing the necessary services to allow the participant to achieve and maintain the maximum functioning and independence of which he or she is capable. The service, combined with case management services, is intended to prevent unnecessary or premature institutionalization.

A service unit for comprehensive assessment is one hour of service worker's time spent conducting the assessment interview(s) with an eligible participant, family or friends using the standard DCOA assessment form.

#### **13) Case Management**

The applicant shall provide case management after completion of a comprehensive assessment, to see that the needed services are delivered to allow the participant to maintain the maximum functioning and independence of which he or she is capable and to maintain the participant's life-style and relationships with family and friends, to the greatest extent possible. The service is intended to prevent unnecessary or premature institutionalization. A service unit is one hour of service provided to an eligible participant. Time spent in preparation and follow-up for the service can be counted.

## **Staffing**

Key staff for a Lead Agency shall include, but are not limited to:

- Project Director
- Social Worker- Licensed MSW
- ADRC Coordinator
- Nutrition Site Managers
- Nutritionist, Licensed/Registered Dietitian
- Community Planner
- Recreation/Activity Coordinator
- Data Entry Specialist



## Service Chart

The following are the minimum number of persons required for program and service under this RFA and the maximum reimbursement cost for each category:

| Programs and Services                | Ward 1 | Ward 2 | Ward 3 | Ward 4 | Ward 5 | Ward 6 | Ward 7 | Ward 8 | Minimum Reimbursement Rate Per Unit | Maximum Reimbursement Rate Per Unit |
|--------------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|-------------------------------------|-------------------------------------|
| Case Management                      | 150    | 278    | 280    | 175    | 348    | 150    | 158    | 324    | \$54.30                             | \$68.11                             |
| Comprehensive Assessment             | 35     | 51     | 86     | 36     | 147    | 60     | 86     | 101    | \$168.05                            | \$184.85                            |
| Weekday Congregate Meal Service      | 478    | 548    | 327    | 571    | 784    | 418    | 401    | 700    | \$2.45                              | \$2.69                              |
| Counseling                           | 919    | 799    | 700    | 1140   | 960    | 1133   | 1088   | 825    | \$17.25                             | \$18.97                             |
| Geriatric Day Care                   |        |        |        |        |        |        |        |        | \$13.05                             | \$14.35                             |
| Health Promotion                     | 337    | 353    | 222    | 366    | 625    | 604    | 371    | 300    | \$2.70                              | \$2.97                              |
| Weekday Home-Delivered Meal Service  | 323    | 428    | 27     | 301    | 822    | 598    | 715    | 280    | \$1.10                              | \$1.21                              |
| Weekend Home-Delivered Meal Service  | 34     | 74     | 117    | 43     | 207    | 158    | 86     | 126    | \$1.10                              | \$1.21                              |
| Nutrition Counseling                 | 51     | 62     | 30     | 49     | 39     | 233    | 112    | 250    | \$47.60                             | \$52.36                             |
| Nutrition Education                  | 290    | 243    | 168    | 200    | 305    | 213    | 318    | 61     | \$5.15 per person                   | \$5.66                              |
| Socialization                        | 289    | 423    | 265    | 191    | 664    | 393    | 343    | 250    | \$1.65                              | \$1.81                              |
| Transportation to-Sites & Activities | 91     | 239    | 226    | 110    | 150    | 217    | 120    | 300    | \$3.70                              | \$4.07                              |
| Transportation of Meals              | 44     | 132    | 122    | 50     | 299    | 231    | 376    | 183    | \$2.85                              | \$3.13                              |

## **SECTION V REVIEW AND SCORING OF APPLICATIONS**

### **Review Panel**

A qualified review panel will conduct a technical review of all applications. The review panel will read and score each applicant's proposal, and make recommendations for funding based on the review process. The Director of the Office on Aging shall make the final funding determinations.

### **Technical Scoring Criteria**

Applicants' proposal submissions will be objectively reviewed against the following specific scoring criteria listed below.

#### **Background and Understanding (Total 10 Points)**

1. Demonstrated knowledge of the Older Americans Act of 1965, as amended and DC Law 1-24, establishing the D.C. Office on Aging. (5 points)
2. Demonstrated knowledge of the needs of the target population. (5 points)

#### **Technical Soundness of the Proposal (Total 40 Points)**

1. The goals, objectives and outcomes of the program are clearly defined, measurable and time specific. (15 points)
2. The proposed activity and work plan will incorporate evidence-based programs, models, and activities result in the accomplishment of the project objectives, including client service and lead agency responsibilities. The applicant identified the number of individuals to be served, the service units to be provided and measurable outcomes specifying the evaluation methodology to be used in each service category. (15 points)
3. The applicant demonstrated the ability to provide the required services in the designated service area. (8 points)
4. The applicant presented a plan to coordinate with the ADRC as a satellite site. (2 points)

### **Organizational Capability and Relevant Experience (Total 30 Points)**

1. The applicant demonstrated the ability, knowledge, and experience to develop and manage aging programs on a large scale that are relevant to the services provided and the target population being served. (7 points)
2. The applicant demonstrated its collaboration with other service providers, community-based organizations, and the community at large in serving the target population. (7 points)
3. The applicant demonstrated its successful programmatic performance in prior District government, federal government, or other organizational grants by providing copies of external evaluations, summaries of customer service surveys, or other objective forms of measurement. (6 points)
4. The applicant demonstrated an understanding of the ADRC, capacity and provides sufficient resources to operate as a satellite ADRC site to meet the goals and objectives of the ADRC. (5 points)
5. The applicant demonstrated the capacity and staff to timely and accurately meets program-reporting requirements such as completion of AOA-required intake data, nutrition screenings, invoices, and CSTARS required data and reports. (5 point)

### **Budget and Fiscal Management (Total 20 Points)**

1. The applicant provided evidence of sound fiscal management and financial stability through the submission of annual audits, annual financial statements, and certifications from the District's Office of Tax and Revenue and Department of Employment Services. (5 points)
2. The applicant provides evidence of an established accounting system with policies and procedures that reasonably assure internal control is maintained in managing funds. (10 points)
3. The applicant demonstrated that the proposed budget (including the match) is reasonable, realistic and will achieve project objectives. (5 points)

## **Decision on Awards**

The recommendations of the review panel are advisory and are not binding on the Office on Aging. The final decision on funding is vested solely with the Executive Director of the DC Office on Aging based on a review of the recommendations of the review panel, prior performance of current Office on Aging grantees, if applicable, Office on Aging staff administrative review, pre-award site visit reports and any other information considered relevant.

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## **SECTION VI      INSTRUCTIONS FOR TRANSMITTING APPLICATIONS**

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An original and five (5) copies of the application must be submitted in a sealed envelope or package conspicuously marked "Application in Response to Fiscal Year 2010 Office on Aging Lead Agency Grant Program Request for Application." Applications that are not submitted in a sealed envelope or package and so marked **will not be accepted**. Electronic, telephonic, telegraphic and facsimile submissions **will not be accepted**.

### **Applications Delivered by Mail**

An application sent by mail must be addressed to the District of Columbia Office on Aging, in a sealed envelope or package conspicuously marked "Application in Response to Fiscal Year 2010 Office on Aging Lead Agency Grant Program Request for Application" 441 4<sup>th</sup> Street, NW, Suite 900 South, Washington, DC 20001. Applications sent by mail must be mailed in time to allow the application to reach the D.C. Office on Aging by the deadline date.

An application must show proof of mailing consisting of one of the following:

- (1) A legibly dated U.S. Postal Service postmark.
- (2) A legible mail receipt with the date of mailing stamped by the U.S. Postal Service.
- (3) A dated shipping label, invoice, or receipt from a commercial carrier.
- (4) Any other proof of mailing acceptable to the Government of the District of Columbia

If an application is sent through the U.S. Postal Service, the following are not acceptable proofs of mailing:

- (1) A private metered postmark, or
- (2) A mail receipt that is not dated by the U.S. Postal Service.

An applicant should note that the U.S. Postal Service does not uniformly provide a dated postmark. Before relying on this method, an applicant should check with its local post office. Applicants are encouraged to use registered or at least first-class mail.

### **Applications Delivered by Hand/Courier Service**

An application that is hand delivered must be taken to the District of Columbia Office on Aging in a sealed envelope or package conspicuously marked "Application in Response to Fiscal Year 2010 Office on Aging Lead Agency Grant Program Request for Application" 441 4<sup>th</sup> Street, NW, Suite 900 South, Washington, DC 20001 between 9:00 a.m. and 5:00 p.m. daily, except Saturdays, Sundays and Federal holidays.

In order for an application sent through a Courier Service to be considered timely, the Courier Service must deliver the application on or before the deadline date and time.

Applications are due no later than 5:00 p.m., EDT, on July 29, 2009. All applications will be recorded upon receipt. Applications **will not be accepted after 5:00 p.m. EDT, July 29, 2009.** Any additions or deletions to an application will not be accepted after the deadline.

An original and five copies, for a total of six (6) copies **must be** delivered to the following location:

**District of Columbia Office on Aging  
441 - 4<sup>th</sup> Street, NW  
9th Floor, South  
Washington, DC 20001**

#### **LATE APPLICATIONS WILL NOT BE ACCEPTED**

**NOTE: Applicants must allow time to proceed through magnetometers in the 441 4<sup>th</sup> Street building. Persons delivering applications must show proper identification, generally a picture I.D., to gain access to building elevators. The Office on Aging will not accept responsibility for delays in the delivery of the proposals. Applicants should be aware that a security status level higher than yellow may require additional identification and cause further delays in accessing the building.**

### **Checklist for Applications**

- ☐ The application is printed on 8½ by 11-inch paper, double-spaced, on one side, using 12-point type with a minimum of one-inch margins.
- ☐ The Applicant Profile contains all the information requested.
- ☐ The application contains a Table of Contents.
- ☐ The proposal abstract is complete and does not exceed 1-page limit for this section of the application.
- ☐ The applicant organization/entity has responded to all sections of the Request for Application.
- ☐ Relevant performance outcome measure forms are complete and attached.
- ☐ The program budget is complete, including budget narrative.
- ☐ The program narrative section is complete and is within the 25-page limit for this section of the application.
- ☐ The Certifications and Assurances listed in Attachments A and B are complete and signed by an authorized representative of the applicant organization.
- ☐ The appropriate appendices, including certifications, staff qualifications, individual resumes, licenses, Board minutes, and other supporting documentation are enclosed.
- ☐ There are five (5) copies of the proposal plus the original.
- ☐ The application is submitted with two original receipts, found in Attachment E, attached to the outside of the envelopes or packages.

### **Additional Information for Successful Applicants**

The following guidance documents are required for each successful applicant and may be obtained from the Office on Aging or the U.S. Administration on Aging website [www.aoa.gov](http://www.aoa.gov):

- Older Americans Act of 1965, as amended and appropriate regulations;
- D.C. Law 1-24, as amended;
- D.C. Office on Aging State Plan (relevant portions only); and
- D.C. Office on Aging Audit Guide.

### **Service Standards**

The Office on Aging Service Standards for all services is available for pick-up from the receptionist at the Office on Aging.

## **SECTION VII LIST OF ATTACHMENTS**

|                     |  |
|---------------------|--|
| <b>Attachment A</b> | <b>Certifications</b>                      |
| <b>Attachment B</b> | <b>Assurances</b>                          |
| <b>Attachment C</b> | <b>Sample Budget Summary and Narrative</b> |
| <b>Attachment D</b> | <b>Performance Outcome Measures</b>        |
| <b>Attachment E</b> | <b>Application Receipt Form</b>            |





DISTRICT OF COLUMBIA OFFICE ON AGING

CERTIFICATIONS REGARDING DEBARMENT, SUSPENSION AND  
OTHER  
RESPONSIBILITY MATTERS, DRUG-FREE WORKPLACE  
REQUIREMENTS  
AND LOBBYING

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*Applicants should refer to the regulations cited below to determine the certification to which they are required to attest. Applicants should also review the instructions for certification included in the regulations before completing this form. Signature on this form provides for compliance with certification requirements under 45 CFR Part 74.13, 2 CFR Part 180 "Government Debarment and Suspension (Non-procurement)"; 45CFR Part 82 "Government-wide Requirements for Drug-Free Workplace"; and 45 CFR Part 93 "New Restrictions on Lobbying." The certifications shall be treated as a material representation of fact upon which reliance will be placed when the District of Columbia Office on Aging determines to award the covered transaction, grant, or cooperative agreement.*

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*1. Debarment, Suspension, and  
Other Responsibility Matters*

As required by Executive Order 12549 and 12689 Debarment and Suspension, and implemented at 45 CFR 74.13 and 2 CFR 215.13, for prospective participants in primary covered transactions, as defined at 2 CFR Part 180 Subpart C.

(1) The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:

(a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any Federal department or agency;

(b) Have not within a three-year period preceding this proposal been convicted of or had a civil judgment

rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

(c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph(1)(b) of this certification; and

(d) Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.

(2) Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

**2. Certification Regarding Drug-Free Workplace Requirements**  
***Alternate I. (Grantees Other Than Individuals)***

As required by the Drug-Free Workplace Act of 1988, and implemented at 45 CFR Part 82, Subpart F, for grantees, as defined at 45 CFR Part 82, Sections 82.605 and 82.610 --

A. The grantee certifies that it will maintain a drug-free workplace by:

(a) Publishing a statement notifying employees that the unlawful, manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;

(b) Establishing an ongoing drug-free awareness program to inform employees about --

(1) The dangers of drug abuse in the workplace;

(2) The grantee's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be

imposed upon employees for drug abuse violations occurring in the workplace;

c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);

(d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will --

(1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

(e) Notifying the agency in writing, within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction.

Employers of convicted employees must provide notice, including position title, to: Executive Director, District of Columbia Office on Aging, 441 4<sup>th</sup> Street, N.W., Washington, D.C. 20001. Notice shall include the identification number(s) of each affected grant;

(f) Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d)(2), with respect to any employee who is so convicted --

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of

the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

(g) Making a good faith effort to continue to maintain a drug-free

workplace through implementation of paragraphs (a), (b), (c), (d), (e) and (f).

B. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

Place of Performance (Street address, city, county, state, zip code)

Place of Performance: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

County: \_\_\_\_\_

☐ Check if there are workplaces on file that are not identified here.

### *Alternate II. (Grantees Who Are Individuals)*

As required by the Drug-Free Workplace Act of 1988, and implemented at 45 CFR Part 82, Subpart F, for grantees, as defined at 45 CFR Part 82, Sections 82.605 and 82.610 (A) The grantee certifies that, as a condition of the grant, he or she will not engage in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance in conducting any activity with the grant;

(B) If convicted of a criminal drug offense resulting from a violation occurring during the conduct of any grant activity, he or she will report the conviction, in writing, within 10 calendar days of the conviction, to: Executive Director, District of Columbia Office on Aging, 441 4<sup>th</sup> Street, NW, Suite 900 South, Washington, DC 20001. When notice is made to such a central point, it shall include the identification number(s) of each affected grant.

### *3. LOBBYING*

Certification for Contracts, Grants, Loans, and Cooperative Agreements As required by Section 1352, Title 31 of the U.S. Code, and implemented at 45 CFR Part 93, for persons entering into a grant, cooperative agreement or contract over \$100,000, or loan, or loan guarantee over \$150,000, as defined at 45 CFR Part 93, Sections 93.105 and 93.110 the applicant certifies that to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to

influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any

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person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

*Statement for Loan Guarantees and Loan Insurance*

The undersigned certifies, to the best of his or her knowledge and belief, that: if any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the

United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure

Form to Report Lobbying," in accordance with its instructions.

Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into.

*As the duly authorized representative of the applicant, I hereby certify that the applicant will comply with the above applicable certification(s).*

|   |
|---|
| NAME OF APPLICANT: _____                |
| AWARD NUMBER AND/OR PROJECT NAME: _____ |
| SIGNATURE: _____                        |
| DATE: _____                             |

## Attachment B

**GOVERNMENT OF THE DISTRICT OF COLUMBIA**  
**Office on Aging**



**ASSURANCES**

The applicant hereby assures and certifies compliance with all Federal statutes, regulations, policies, guidelines and requirements, including OMB Circulars No. A-21, A-110, A-122, A-128, A-87; E.O. 12372 and Uniform Administrative Requirements for Grants and Cooperative Agreements – 28 CFR, Part 215, Common Rule, that govern the application, acceptance and use of Federal funds for this federally-assisted project.

Also, the Applicant assures and certifies that:

1. It possesses legal authority to apply for the grant; that a resolution, motion or similar action has been duly adopted or passed as an official act of the applicant's governing body, authorizing the filing of the application, including all understandings and assurances contained therein, and directing and authorizing the person identified as the official representative of the applicant to act in connection with the application and to provide such additional information as may be required.
2. It will comply with requirements of the provisions of the Uniform Relocation Assistance and Real Property Acquisitions Act of 1970 PL 91-646 which provides for fair and equitable treatment of persons displaced as a result of Federal and federally-assisted programs.
3. It will comply with the minimum wage and maximum hours provisions of the Federal Fair Labor Standards Act if applicable.
4. It will establish safeguards to prohibit employees from using their positions for a purpose that is or gives the appearance of being motivated by a desire for private gain for themselves or others, particularly those with whom they have family, business, or other ties.
5. It will give the sponsoring agency of the District of Columbia, the DC Office of Inspector General, the DC Attorney General, the U.S. Department of Health and Human Services/Administration on Aging, Office of Inspector General, and or the Comptroller General of the United States, through any authorized representative, access to and the

right to examine all records, books, papers, or documents related to the grant.

6. It will comply with all requirements imposed by the DC Office on Aging concerning special requirements of law, program requirements, and other administrative requirements.
7. It will insure that the facilities under its ownership, lease or supervision which shall be utilized in the accomplishment of the project are not listed on the Environmental Protection Agency's (EPA), list of Violating Facilities and that it will notify the Office on Aging of the receipt of any communication from the Director of the EPA Office of Federal Activities indicating that a facility to be used in the project is under consideration for listing by the EPA.
8. It will comply with the flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973, Public Law 93-234-, 87 Stat. 975, approved December 31, 1976. Section 102(a) requires, on and after March 2, 1975, the purchase of flood insurance in communities where such insurance is available as a condition for the receipt of any Federal financial assistance for construction or acquisition purposes for use in any area that has been identified by the Secretary of the Department of Housing and Urban Development as an area having special flood hazards. The phrase "Federal Financial Assistance", includes any form of loan, grant, guaranty, insurance payment, rebate, subsidy, disaster assistance loan or grant, or any other form of direct or indirect Federal assistance.
9. It will assist the Office on Aging in its compliance with Section 106 of the National Historic Preservation Act of 1966 as amended (16 USC 470), Executive Order 11593, and the Archeological and Historical Preservation Act of 1966 (16 USC 569a-1 et. Seq.) By (a) consulting with the State Historic Preservation Officer on the conduct of investigations, as necessary, to identify properties listed in or eligible for inclusion in the National Register of Historic Places that are subject to adverse effects (see 36 CFR Part 800.8) by the activity, and notifying the Federal grantor agency of the existence of any such properties, and by (b) complying with all requirements established by the Federal grantor agency to avoid or mitigate adverse effects upon such properties.
10. It will comply with the provisions of 45 CFR applicable to grants and cooperative agreements: Part 80, Nondiscrimination under programs relieving Federal assistance through the Department of Health and Human Services effectuation of Title VI of the Civil Rights Act of 1964; Part 74 as applicable under Section 74.5, Part 82 government wide requirements for Drug Free Workplace; and Federal laws or regulations applicable to Federal Assistance Programs.
11. It will comply, and all its contractors will comply, with the non-discrimination requirements of Title VI of the Civil Rights Act of 1964, as amended; Section 504 of the Rehabilitation Act of 1973, as amended;

Subtitle A, Title III of the Americans with Disabilities Act (ADA) (1990); Title IX of the Education Amendments of 1972; the Age Discrimination Act of 1975; Department of Health and Human Services Regulations, 45 CFR Part 80 Subparts C, D, E and G; and Department of Health and Human Services regulations on disability discrimination, 45 CFR Parts 80, 84, 90, and 91.

12. In the event a Federal or State court or Federal or State administrative agency makes a finding of discrimination after a due process hearing on the grounds of race, color, religion, national origin, sex, or disability against a recipient of funds, the recipient will forward a copy of the finding to the DCOA and Office for Civil Rights, Office of Health and Human Services.
13. It will provide an Equal Employment Opportunity Program if required to maintain one, where the application is for \$500,000 or more.
15. It will coordinate with other available resources in the target area, i.e. Health Facilities, Public Libraries, Colleges and Universities and develop agreements with educational institutions outlining courses available to seniors either without cost or at a discount.
16. It will adhere to Office on Aging Policy Memorandum 01-P08, Continuation Application Instructions for Office on Aging Grantees Receiving D.C. Office on Aging and Medicaid for the Same Service, as applicable, and to Office on Aging Policy Memorandum 02-P07, Approval for Key Personnel, as applicable
17. It will comply with the DCOA Grants Policy Manual.
18. It will give priority in hiring to D.C. residents when filling vacant positions.
19. It will give priority in hiring to individuals age 55 and over.
20. It will adhere to the D.C. Office on Aging mandate that all participant travel, for reimbursement purposes, will not extend beyond the 20-mile radius limit of the Washington Beltway surrounding the District of Columbia except where specifically provided under the grant or approved in advance in writing by DCOA.
21. It will submit all reports, i.e., Monthly Comprehensive Uniform Reporting Tool (CURT), (including NAPIS information, if applicable), the Monthly and Quarterly Financial Reports in a timely manner, and not later than the monthly due date.
22. It will ensure that client intake forms are completed annually in the DCOA Client Information Management System including information on age, gender, ethnicity and poverty status.



23. It will ensure that all applicable logs regarding services provided, including services specifically for caregivers under the National Family Caregiver Support Program are maintained according to the terms and conditions of the grant.
24. It will ensure that the grantee is represented by the Project Director or another comparable level staff member at monthly Office on Aging-sponsored Project Director meetings.
25. It will submit an inventory listing of all equipment purchased in whole or in part with Office on Aging funds. Further, it will comply with the requirement that all equipment purchased with D.C., Office on Aging funds will be labeled as property of DCOA and will not be disposed of, i.e., transferred, replaced or sold, without prior approval from the Office on Aging.
26. It will include on all stationery, publicity and promotional material and related written, electronic and oral communications the following identifier:



Part of the Senior Service Network  
Supported by the D.C. Office on Aging.

It will include in the written descriptions and verbal presentations of services funded by the Office on Aging, that the programs and services are provided in partnership with the Office on Aging, in accordance with OoA Policy Memorandum 02-P05, Acknowledgement of Office on Aging Financial Support.

**As the duly authorized representative of the applicant,  
I hereby certify that the applicant will comply with the above assurances.**

**1. Grantee Name and Address**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2. Project Name**

\_\_\_\_\_

**3. Typed Name and Title of Authorized Representative**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4. Signature of Authorized Representative**

**5. Date**

**D.C. OFFICE ON AGING  
FY 2010 BUDGET SUMMARY SHEET**

| <b>BUDGET<br/>CATEGORIES</b>                  | <b>SOURCE</b>        |   | <b>TOTAL<br/>BUDGET</b> |
|---|----------------------|---|-------------------------|
|   | <b>Grantee Share</b> | <b>DC Office on<br/>Aging<br/>Share</b> |                         |
| <b>1. PERSONNEL</b><br>(a)Salary              |                      |   |                         |
| (b)Fringe @ ____ %                            |                      |   |                         |
| <b>2. TRAVEL</b>                              |                      |   |                         |
| <b>3. OCCUPANCY</b>                           |                      |   |                         |
| <b>4. COMMUNICATIONS</b>                      |                      |   |                         |
| <b>5. EQUIPMENT</b>                           |                      |   |                         |
| <b>6. SUPPLIES</b>                            |                      |   |                         |
| <b>7. OTHER DIRECT</b>                        |                      |   |                         |
| <b>8. TOTAL DIRECT<br/>COSTS</b>              |                      |   |                         |
| <b>9. INDIRECT COST @<br/>____ % OF TPC *</b> |                      |   |                         |
| <b>10. TOTAL<br/>PROJECT COSTS</b>            |                      |   |                         |

\* Total Personnel Cost

## PERSONNEL

**Project Director.** The Project Director will oversee all aspects of the grant. Responsibilities will include ensuring that budget and timetable targets are met, selecting contractors, putting together an advisory committee, preparing project reports, working with evaluation consultant to develop the project evaluation, and supervising the project staff. The Project Director will work 25% of the time for 12 months. Based on an annual salary of \$60,000, the cost to the project will be \$15,000.

|                      |                     |                 |
|----------------------|---------------------|-----------------|
| DCOA Funds: \$15,000 | Matching Funds: \$0 | Total: \$15,000 |
|----------------------|---------------------|-----------------|

**Data Coordinator.** The Coordinator will design and develop curricula, and conduct training classes for seniors at each of the 7 nutrition meal sites. The trainer will be assigned 100% of the time to the project for 12 months with an annual base salary of \$24,000. The total cost with benefits @ 10 % (\$2,400) will be \$26,400.

|                     |                          |                 |
|---------------------|--------------------------|-----------------|
| DCOA Funds: \$8,000 | Matching Funds: \$18,400 | Total: \$26,400 |
|---------------------|--------------------------|-----------------|

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|                                       |
|---------------------------------------|
| Total DCOA Funds: \$23,000            |
| Total Matching Funds: \$18,400        |
| <b>Total Personnel Cost: \$41,400</b> |

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## SUPPLIES

Office supplies will be purchased to carry out general administration and program activities. Supplies will be purchased on a quarterly basis for the program year. Incidental supply needs will be handled through emergency funds. A general list is attached, however, the supplies will include, paper, cartridges, toner, computer software, binders, stationary, water, books.

|                     |                          |                 |
|---------------------|--------------------------|-----------------|
| DCOA Funds: \$2,000 | Matching Funds: \$22,000 | Total: \$24,000 |
|---------------------|--------------------------|-----------------|

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|                                    |
|------------------------------------|
| Total DCOA Funds: \$2,000          |
| Total Matching Funds: \$22,000     |
| <b>Total Supply Cost: \$24,000</b> |

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## EQUIPMENT

Four personal computers will be purchased installed at each of 3 sites for computer training. Each computer will be equipped with a high-speed modem and a CD-ROM drive and will cost \$24,000.

DCOA Funds: \$4,000                      Matching Funds: \$20,000                      Total: \$24,000

A GreatServer 2000 network server will be located at the project headquarters. The server will be the repository of the program client information files and will manage the electronic mail communication among the sites. The server will be configured with a 1 GB hard drive, 32 MB of RAM, and will have a magnetic tape drive for backup purposes. Cost: \$14,498.

DCOA Funds: \$7,249                      Matching Funds: \$7,249                      Total: \$14,498

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Total DCOA Funds: \$11,249  
Total Matching Funds: \$27,249  
**Total Equipment Cost: \$38,498**

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## Travel

Travel funds will be used to support social worker travel to conduct in-home assessments, screenings, and nutrition counseling sessions with homebound clients. Staff will receive reimbursement at .505 for mileage. 700 miles x .505 per mile = \$353.5

DCOA Funds: \$ 0                      Matching Funds: \$353.5                      Total: \$353.5

Public transportation to attend meetings, conferences and other work related activities will be support through the use of Metrorail passes. 75 trips@ \$1.35 per trip - \$101.25

DCOA Funds: \$ 0                      Matching Funds: \$101.25                      Total: \$101.25

Call-N-Ride coupons will be purchased for alternative emergency transportation needs for seniors when WEHTS is unable to accommodate an essential care appointment.

DCOA Funds: \$ 0                      Matching Funds: \$240                      Total: \$240

Funds will support bus rentals for two major group trips to the Danish Farms and Burn Brea Dinner Theater.

DCOA Funds: \$ 1,700                      Matching Funds: \$300                      Total: \$2,000

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Total DCOA Funds: \$42,000  
Total Matching Funds: \$10,775  
**Total Occupancy Cost: \$52,775**

**Total In-kind: 1,440**

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### **Other Directs**

Blank Check Food Service Contract provides specialty meals for birthday center events = \$400

Transportation Services for meals – flat rate cost for transportation of meals to sites from caterer Monday through Friday for 52 weeks = \$15,000

Employee Background Checks -Expenses for 85 new employee background checks at \$30.00 each = \$2,550

Copier Contract - annual service contract on cannon copier = \$2,500

Exercise Consultant- Consultant provides 26 exercise sessions annually not to exceed two 2 hour sessions per month for 12 months @ \$269.23 per mo. = \$7,000

DCOA Funds: \$23,332

Matching Funds: \$4,118 Total: \$27,450

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Total DCOA Funds: \$ 23,332  
Total Matching Funds: \$4,118  
**Total Other Directs Cost: \$27,450**

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### **INDIRECT COSTS**

Administrative Clerical Pool - 2 staff @ \$12.00/ hr. x 1040 hrs. ea. = \$24,960

Facilities supplies and janitorial support services 12 mos. x \$150 = \$1,800

Accountant consultant: not to exceed 192 hrs. @ 20.00/ hr = \$3,840

Total Personnel Cost @ 7,000

DCOA Funds: \$37,600

Matching Funds: \$ 0 Total: \$37,600

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Total DCOA Funds: \$37,600  
Total Matching Funds: \$0  
**Total Indirect Costs: \$37,600**

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## **TOTAL FY 2010 GRANT PROGRAM FUNDING**

Total DCOA Grant Award Funds: \$142,881.00

Total Local Cash Matching Funds: \$83,536.75 @ 37% of total grant

Total Local In-Kind Matching Funds: \$1,440

Total Program Grant: 227,857.75

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### **LOCAL CASH MATCH SOURCE OF FUNDS**

| <b>FUND<br/>SOURCE</b>        | <b>AMOUNT</b> | <b>COST<br/>ALLOCATION</b> | <b>PURPOSE</b>                  |
|-------------------------------|---------------|----------------------------|---------------------------------|
| GSAP Grant:                   | \$7,249       | Equipment                  | GreatServer purchase            |
| Participant<br>Contributions: | \$ 240        | Travel                     | Purchase of Call-N-Ride coupons |
| Participant<br>Contributions: | \$ 300        | Travel                     | Bus rental for trips            |



INSTRUCTIONS FOR COMPLETING THE STANDARD

**OUTCOME MEASURES FORMS**

Each grantee providing the services listed on the previous pages, must include the relevant **Standard Performance Goals and Outcome Measures Forms** in its grant application. Standard Performance Goals and Outcome Measures are required for **each service that appears on a separate service line in the grantee's Office on Aging grant application budget.** The Performance Goals and Outcome Measures Forms are found on the following pages.

The grantee must complete the applicable forms by adding the:

- Name and title of the responsible person
- Office on Aging funds (do **not** include the grantee match) the grantee has budgeted for the services that comprise the activity

**Definitions**

**Target Results:** The target results are what the Program is working to achieve during the fiscal year.

**Actual Results:** The actual results are what the grantee achieved during the fiscal year based on actual client statistics.

**Outputs and Demands:** Outputs and demands are the statistics the grantee records to determine whether the target results have been met.

**Responsible Person:** The name and title of the person or people responsible for ensuring that the target results are met.

**FY 2010 Budget:** The amount of Office on Aging funds budgeted for the services comprising this activity.

**Submission of Outputs, Demands, and Actual Results Data to the Office on Aging**

The demands and outputs, which allow a grantee to calculate actual results, are based on fiscal year 2009 data. Therefore, the demands, outputs and actual results are recorded on the forms once the fiscal year has ended and client data has been collected and tabulated for the year. ***The completed forms must be sent to the Office on Aging at the conclusion of the fiscal year. Grantees will be notified of the date that the forms are due. Additionally, there may also be monthly reporting requirements, but grantees will be notified at a later date.***

## **Putting Systems in Place to Track Results**

The system for using relevant measurement tools, collecting and recording output and demand data, and tracking results, must be in place at the beginning of the fiscal year, so that the data will be available to determine whether the target results were met for the year. Progress should be monitored periodically. Data and worksheets must be maintained and made available to Office on Aging staff, upon request, for monitoring purposes.

## **Recording Outputs and Demands**

Some outputs and demands, specifically the number of clients receiving a particular service, are provided by Georgetown based on the client rosters that the grantee submits. Other outputs and demands, based on the number of participants screened and reassessed, the results of screenings and reassessments, the length of time a client has received service, and the results of customer surveys and training evaluation forms must be tracked by the grantee.

The nutrition performance measures require screenings and follow-up screenings. Nutrition follow-up screenings on high risk clients should occur at six month intervals. All clients receiving reassessments within the fiscal year should be included in the calculations to determine what percentage of clients had improved nutrition or healthy lifestyle scores upon reassessment.

Service longevity spreadsheets required for most in-home and continuing care service performance measures must list the clients in the program and track their service use during the fiscal year. Clients who receive service throughout the fiscal year are counted as having remained in their home for the year. Clients, who stop service **temporarily** during the year for situations such as hospitalization, may still be counted as remaining in their homes.

Customer surveys, required by most community-based service performance measures, must be completed prior to the end of the fiscal year allowing enough time for responses to be received and tabulated and included in the calculations to determine the actual result.

## Calculating Target Results

**Example Nutrition Services:** 5% of seniors identified as being at high nutritional risk will experience an improvement in their nutritional status based on an improved nutritional risk score.

- **Demand**
  - 250 participants at high nutritional risk received follow-up screening (will be lower than the number assessed at high risk because some may have dropped out of the program or follow-up screening was not possible for a variety of reasons)
- **Output**
  - 50 participants who received follow-up screening had an improved nutritional risk score (improved by one or more points)
- **Actual Result Calculation = output divided by demand, i.e.,**
  - $50/250 = 20\%$  improved
- **Actual Result 20%**

**Example Day Care:** 50% of seniors receiving day care services will remain in their homes for one year.

- **Demand**
  - 100 participants received day care services
- **Output**
  - 50 participants received services for one year (participants who stop services *temporarily* may be counted)
- **Actual Result Calculation = output divided by demand, i.e.,**
  - $50/100 = 50\%$  remained in their home for one year
- **Actual Result 50%**

**Example Community-based Services (i.e., Congregate Meals, Nutrition Education, Nutrition Counseling, Recreation, Counseling, Transportation to Sites):** 10% of participants will report that the services enable them to maintain an active and independent lifestyle.

- **Demand**
  - 75 people responded to this question on the customer survey.
- **Output**
  - 70 respondents reported the services enabled them to maintain an active and independent lifestyle.
- **Actual Result Calculation = output divided by demand, i.e.,**
  - $70/75 = 93\%$  reported that the services enabled them to maintain an active and independent lifestyle.
- **Actual Result 93%**

Agency \_\_\_\_\_

Service: \_\_\_\_\_

D.C. OFFICE ON AGING  
SENIOR SERVICE NETWORK

**Performance Goals and Outcome Measures for the In-Home Services and  
Day Care Programs  
FY 2010**

|   |   |                        |                       |  |         |   |  |   |  |   |  |
|---|---|------------------------|-----------------------|--|---------|---|--|---|--|---|--|
| <b>PROGRAM</b>  | <b>IN-HOME AND CONTINUING CARE</b>  |                        |                       |  |         |   |  |   |  |   |  |
| <b>Activity</b>   | <b>In-Home and Day Care Services</b>  |                        |                       |  |         |   |  |   |  |   |  |
| Activity Purpose Statement  | The purpose of providing In-home and Day Care services to frail Washingtonians 60 years of age and older is so that they can remain in their homes longer.  |                        |                       |  |         |   |  |   |  |   |  |
| Services that Comprise the Activity   | <ul style="list-style-type: none"><li>• Homemaker services</li><li>• Specialized homemaker services for people suffering from dementia</li><li>• Day Care</li><li>• DC Caregiver Institute</li><li>• Heavy House Cleaning</li><li>• Volunteer Caregiver</li><li>• Age-In-Place</li><li>• UDC Respite Aide Program</li></ul>   |                        |                       |  |         |   |  |   |  |   |  |
| Activity Performance Measures   | <table border="0"><tr><td><b>Target Results:</b></td><td><b>Actual Results</b></td></tr><tr><td>65% of seniors receiving these services will remain in their homes for one year.</td><td>_____ %</td></tr><tr><td colspan="2"><u>Measurement Tool:</u> <b>Service Longevity Spreadsheet</b></td></tr><tr><td colspan="2"><b>Demand:</b><br/>_____ # of clients receiving these services at beginning of fiscal year</td></tr><tr><td colspan="2"><b>Output:</b><br/>_____ # of same clients receiving these services at end of fiscal year.</td></tr></table> | <b>Target Results:</b> | <b>Actual Results</b> | 65% of seniors receiving these services will remain in their homes for one year. | _____ % | <u>Measurement Tool:</u> <b>Service Longevity Spreadsheet</b> |  | <b>Demand:</b><br>_____ # of clients receiving these services at beginning of fiscal year |  | <b>Output:</b><br>_____ # of same clients receiving these services at end of fiscal year. |  |
| <b>Target Results:</b>  | <b>Actual Results</b>   |                        |                       |  |         |   |  |   |  |   |  |
| 65% of seniors receiving these services will remain in their homes for one year.          | _____ %   |                        |                       |  |         |   |  |   |  |   |  |
| <u>Measurement Tool:</u> <b>Service Longevity Spreadsheet</b>                             |   |                        |                       |  |         |   |  |   |  |   |  |
| <b>Demand:</b><br>_____ # of clients receiving these services at beginning of fiscal year |   |                        |                       |  |         |   |  |   |  |   |  |
| <b>Output:</b><br>_____ # of same clients receiving these services at end of fiscal year. |   |                        |                       |  |         |   |  |   |  |   |  |
| Responsible Person  |   |                        |                       |  |         |   |  |   |  |   |  |
| FY 2010 Budget (Office on Aging share only)   |   |                        |                       |  |         |   |  |   |  |   |  |

Agency: \_\_\_\_\_

Service: \_\_\_\_\_

D.C. OFFICE ON AGING  
SENIOR SERVICE NETWORK

**Performance Goals and Outcome Measures for the In-Home Nutrition  
Program  
FY 2010**

|   |   |
|---|---|
| <b>PROGRAM</b>                              | <b>IN-HOME AND CONTINUING CARE</b>  |
| <b>Activity</b>                             | <b>In-Home Nutrition Services</b>   |
| Activity Purpose Statement                  | The purpose of providing In-Home Nutrition Services to Washingtonians 60 years of age and older is to improve their nutritional health and support their efforts to remain in their homes.  |
| Services that Comprise the Activity         | Home Delivered Meals (weekend)<br>Transportation of Home Delivered Meals  |
| Activity Performance Measures               | <p><b>Target Results:</b> _____ <b>Actual Results</b> _____%</p> <p>25% of seniors identified as being at high nutritional risk will experience an improvement in their nutritional status based on an improved nutritional risk score. <b>(LEAD AGENCIES ONLY)</b></p> <p>65% of seniors receiving in-home nutrition services will remain in their homes one year. _____% <b>(LEAD AGENCIES ONLY)</b></p> <p><u>Measurement Tools: Nutrition Screening Form and Service Longevity Spreadsheet</u></p> <p><b><u>Demands: (LEAD AGENCIES ONLY)</u></b><br/>         _____ # of high risk participants who received follow-up screening for nutritional risk<br/>         _____ # of participants receiving home delivered meals at start of fiscal year</p> <p><b><u>Outputs: (LEAD AGENCIES ONLY)</u></b><br/>         _____ # of high risk participants whose nutritional risk scores improved upon follow-up screening (by one or more points)<br/>         _____ # of same participants receiving home delivered meals at end of fiscal year</p> |
| Responsible Person                          |   |
| FY 2010 Budget (Office on Aging share only) |   |

Agency: \_\_\_\_\_

Service: \_\_\_\_\_

D.C. OFFICE ON AGING  
SENIOR SERVICE NETWORK

**Performance Goals and Outcome Measures for Comprehensive Assessment  
and Case Management Services  
FY 2010**

| <b>PROGRAM</b>                              | <b>IN-HOME AND CONTINUING CARE</b>  |
|---|---|
| <b>Activity</b>                             | <b>Comprehensive Assessment and Case Management</b>   |
| Activity Purpose Statement                  | The purpose of providing In-home and Day Care services to Washingtonians 60 years of age and older is to enable them to remain in their homes.  |
| Services that Comprise the Activity         | Comprehensive Assessment<br>Case Management   |
| Activity Performance Measures               | <p><b><u>Target Results:</u></b> _____ <b><u>Actual Results</u></b> _____</p> <p>40% of seniors receiving comprehensive assessment and case management services will _____% remain in their homes for one year.</p> <p><b><u>Measurement Tool:</u></b> <i>Service Longevity Spreadsheet</i></p> <p><b><u>Demand:</u></b><br/>____ # of clients receiving case management services at start of fiscal year</p> <p><b><u>Outputs:</u></b><br/>____ # of same clients receiving service at end of year</p> |
| Responsible Person                          |   |
| FY 2010 Budget (Office on Aging share only) |   |

Agency: \_\_\_\_\_

Service: \_\_\_\_\_

D.C. OFFICE ON AGING  
SENIOR-SERVICE NETWORK

**Performance Goals and Outcome Measures for the Caregiver Program  
FY 2010**

| <b>PROGRAM</b>                              | <b>IN-HOME AND CONTINUING CARE</b>  |
|---|---|
| <b>Activity</b>                             | <b>Caregiver Support</b>  |
| Activity Purpose Statement                  | The purpose of providing Caregiver Support to eligible caregivers residing in Washington, D.C. is to enable caregivers to continue to provide care.   |
| Services that Comprise the Activity         | Caregiver Institute<br>Spring Cleaning<br>Caregiver Assessment and Case Management<br>Supplemental<br>Caregiver Education<br>Respite<br>Extended Day Care<br>UDC Respite Aide   |
| Activity Performance Measures               | <b><u>Target Results:</u></b><br><br>60% of caregivers will report that the services _____% had a positive impact on their ability to provide care.<br><br>67% of Caregivers receiving Caregiver Support remain in the program for one year.<br><br><b><u>Demand:</u></b><br><br>____ # of caregivers responding to the customer survey question regarding services having a positive impact on their ability to provide care<br>____ # of Caregivers receiving services in October<br><br><b><u>Outputs:</u></b><br><br>____ # of respondents reporting a positive impact.<br>____ # of Same Caregivers receiving services in September. |
| Responsible Person                          |   |
| FY 2010 Budget (Office on Aging share only) |   |

Agency: \_\_\_\_\_

Service: \_\_\_\_\_

**DC OFFICE ON AGING  
SENIOR SERVICE NETWORK**

**Performance Goals and Outcome Measures for Health Promotion  
FY 2010**

| <b>PROGRAM</b>                              | <b>COMMUNITY-BASED SUPPORT</b>  |
|---|---|
| <b>Activity</b>                             | <b>Health Promotion</b>   |
| Activity Purpose Statement                  | The purpose of the health promotion activity is to provide physical fitness, health screenings, and wellness information to Washingtonians 60 years of age and older so they can increase their awareness of and adopt healthy behaviors.   |
| Services that Comprise the Activity         | Health Promotion<br>Wellness ( including fitness classes, health screening, health and nutrition information sessions)  |
| Activity Performance Measures               | <p><b>Target Results:</b> _____ <b>Actual Results</b> _____%</p> <p>75% of health promotion participants will report that health promotion activities increased their awareness of healthy behaviors and led them to adopt one or more healthy habits.<br/>(SERVICE AGENCIES OTHER THAN WELLNESS CENTERS)</p> <p><u>Measurement Tools:</u><br/><b>Health Promotion Participants – Customer Survey Demand:</b><br/>____# of health promotion participants responding to customer survey</p> <p><b>Outputs:</b><br/>____# of same health promotion participants reporting an increase in their awareness of and practice of healthy habits.</p> |
| Responsible Person                          |   |
| FY 2010 Budget (Office on Aging share only) |   |



Agency: \_\_\_\_\_

Service: \_\_\_\_\_

**D.C. OFFICE ON AGING  
SENIOR SERVICE NETWORK**

**Performance Goals and Outcome Measures for Community Services  
FY 2010**

| <b>PROGRAM</b>                      | <b>COMMUNITY -BASED SUPPORT</b>   |
|-------------------------------------|---|
| <b>Activity</b>                     | <b>Community Services</b>   |
| Activity Purpose Statement          | The purpose of providing Community Services to Washingtonians 60 years of age and older is to enable them to maintain an active and independent life style. |
| Services that Comprise the Activity | Counseling (includes Health Insurance Counseling Project)<br>Transportation (to sites and activities)<br>Recreation/Socialization                           |

|   |  |                               |                              |   |        |  |        |  |  |                        |  |   |  |   |  |                        |  |   |  |   |  |   |  |
|---|--|-------------------------------|------------------------------|---|--------|--|--------|--|--|------------------------|--|---|--|---|--|------------------------|--|---|--|---|--|---|--|
| <p>Activity<br/>Performance<br/>Measures</p>  | <table border="0"> <tr> <td><b><u>Target Results:</u></b></td><td><b><u>Actual Results</u></b></td></tr> <tr> <td>80% of seniors who receive community-based services will report that they were able to maintain active and independent life styles.</td><td>_____%</td></tr> <tr> <td>50% of clients receiving health insurance counseling will report that their concerns were addressed. <b>(HEALTH INSURANCE COUNSELING PROJECT ONLY)</b></td><td>_____%</td></tr> <tr> <td colspan="2"><i><b><u>Measurement Tools:</u> Customer Survey and Nutrition Screening Form</b></i></td></tr> <tr> <td colspan="2"><b><u>Demands:</u></b></td></tr> <tr> <td colspan="2">_____# of community service clients responding to customer survey question regarding their ability to maintain an active and independent lifestyle.</td></tr> <tr> <td colspan="2">_____# of health insurance counseling clients responding to customer survey question regarding their concerns being addressed.<br/><b>(HEALTH INSURANCE COUNSELING PROJECT ONLY)</b></td></tr> <tr> <td colspan="2"><b><u>Outputs:</u></b></td></tr> <tr> <td colspan="2">_____# of community service clients who report an active and independent life style</td></tr> <tr> <td colspan="2"><b>(HEALTH INSURANCE COUNSELING PROJECT ONLY)</b></td></tr> <tr> <td colspan="2">_____# of health insurance counseling clients who report their concerns were addressed.</td></tr> </table> | <b><u>Target Results:</u></b> | <b><u>Actual Results</u></b> | 80% of seniors who receive community-based services will report that they were able to maintain active and independent life styles. | _____% | 50% of clients receiving health insurance counseling will report that their concerns were addressed. <b>(HEALTH INSURANCE COUNSELING PROJECT ONLY)</b> | _____% | <i><b><u>Measurement Tools:</u> Customer Survey and Nutrition Screening Form</b></i> |  | <b><u>Demands:</u></b> |  | _____# of community service clients responding to customer survey question regarding their ability to maintain an active and independent lifestyle. |  | _____# of health insurance counseling clients responding to customer survey question regarding their concerns being addressed.<br><b>(HEALTH INSURANCE COUNSELING PROJECT ONLY)</b> |  | <b><u>Outputs:</u></b> |  | _____# of community service clients who report an active and independent life style |  | <b>(HEALTH INSURANCE COUNSELING PROJECT ONLY)</b> |  | _____# of health insurance counseling clients who report their concerns were addressed. |  |
| <b><u>Target Results:</u></b>   | <b><u>Actual Results</u></b>   |                               |                              |   |        |  |        |  |  |                        |  |   |  |   |  |                        |  |   |  |   |  |   |  |
| 80% of seniors who receive community-based services will report that they were able to maintain active and independent life styles.   | _____%   |                               |                              |   |        |  |        |  |  |                        |  |   |  |   |  |                        |  |   |  |   |  |   |  |
| 50% of clients receiving health insurance counseling will report that their concerns were addressed. <b>(HEALTH INSURANCE COUNSELING PROJECT ONLY)</b>                              | _____%   |                               |                              |   |        |  |        |  |  |                        |  |   |  |   |  |                        |  |   |  |   |  |   |  |
| <i><b><u>Measurement Tools:</u> Customer Survey and Nutrition Screening Form</b></i>  |  |                               |                              |   |        |  |        |  |  |                        |  |   |  |   |  |                        |  |   |  |   |  |   |  |
| <b><u>Demands:</u></b>  |  |                               |                              |   |        |  |        |  |  |                        |  |   |  |   |  |                        |  |   |  |   |  |   |  |
| _____# of community service clients responding to customer survey question regarding their ability to maintain an active and independent lifestyle.                                 |  |                               |                              |   |        |  |        |  |  |                        |  |   |  |   |  |                        |  |   |  |   |  |   |  |
| _____# of health insurance counseling clients responding to customer survey question regarding their concerns being addressed.<br><b>(HEALTH INSURANCE COUNSELING PROJECT ONLY)</b> |  |                               |                              |   |        |  |        |  |  |                        |  |   |  |   |  |                        |  |   |  |   |  |   |  |
| <b><u>Outputs:</u></b>  |  |                               |                              |   |        |  |        |  |  |                        |  |   |  |   |  |                        |  |   |  |   |  |   |  |
| _____# of community service clients who report an active and independent life style   |  |                               |                              |   |        |  |        |  |  |                        |  |   |  |   |  |                        |  |   |  |   |  |   |  |
| <b>(HEALTH INSURANCE COUNSELING PROJECT ONLY)</b>   |  |                               |                              |   |        |  |        |  |  |                        |  |   |  |   |  |                        |  |   |  |   |  |   |  |
| _____# of health insurance counseling clients who report their concerns were addressed.   |  |                               |                              |   |        |  |        |  |  |                        |  |   |  |   |  |                        |  |   |  |   |  |   |  |
| <p>Responsible<br/>Person</p>   |  |                               |                              |   |        |  |        |  |  |                        |  |   |  |   |  |                        |  |   |  |   |  |   |  |
| <p>FY 2010 Budget<br/>(Office on Aging<br/>share only)</p>  |  |                               |                              |   |        |  |        |  |  |                        |  |   |  |   |  |                        |  |   |  |   |  |   |  |

Agency: \_\_\_\_\_

Service: \_\_\_\_\_

**D.C. OFFICE ON AGING  
SENIOR SERVICE NETWORK**

**Performance Goals and Outcome Measures for Community Services  
FY 2010**

| <b>PROGRAM</b>                      | <b>COMMUNITY -BASED SUPPORT</b>   |
|-------------------------------------|---|
| <b>Activity</b>                     | <b>Community Nutrition Services</b>   |
| Activity Purpose Statement          | The purpose of providing Community Services to Washingtonians 60 years of age and older is to enable them to maintain an active and independent life style. |
| Services that Comprise the Activity | Congregate meals (Weekday and Weekend)<br>Nutrition Education<br>Nutrition Counseling   |

|   |   |                        |                       |   |         |   |  |                        |  |  |  |                        |  |                             |  |   |  |
|---|---|------------------------|-----------------------|---|---------|---|--|------------------------|--|--|--|------------------------|--|-----------------------------|--|---|--|
| Activity<br>Performance<br>Measures   | <table border="0"> <tr> <td><b>Target Results:</b></td><td><b>Actual Results</b></td></tr> <tr> <td>25% of seniors in congregate nutrition sites identified as being at high nutritional risk will experience an improvement in their nutritional status based on an improved nutritional risk score. <b>(LEAD AGENCIES ONLY)</b></td><td>_____ %</td></tr> <tr> <td colspan="2"><i><u>Measurement Tools:</u> Customer Survey and Nutrition Screening Form</i></td></tr> <tr> <td colspan="2"><b><u>Demands:</u></b></td></tr> <tr> <td colspan="2">_____ # of high risk participants who received follow-up screening for nutritional risk. <b>(LEAD AGENCIES ONLY)</b></td></tr> <tr> <td colspan="2"><b><u>Outputs:</u></b></td></tr> <tr> <td colspan="2"><b>(LEAD AGENCIES ONLY)</b></td></tr> <tr> <td colspan="2">_____ # of high risk participants whose nutritional risk scores improved upon follow-up screening (by one or more points)</td></tr> </table> | <b>Target Results:</b> | <b>Actual Results</b> | 25% of seniors in congregate nutrition sites identified as being at high nutritional risk will experience an improvement in their nutritional status based on an improved nutritional risk score. <b>(LEAD AGENCIES ONLY)</b> | _____ % | <i><u>Measurement Tools:</u> Customer Survey and Nutrition Screening Form</i> |  | <b><u>Demands:</u></b> |  | _____ # of high risk participants who received follow-up screening for nutritional risk. <b>(LEAD AGENCIES ONLY)</b> |  | <b><u>Outputs:</u></b> |  | <b>(LEAD AGENCIES ONLY)</b> |  | _____ # of high risk participants whose nutritional risk scores improved upon follow-up screening (by one or more points) |  |
| <b>Target Results:</b>  | <b>Actual Results</b>   |                        |                       |   |         |   |  |                        |  |  |  |                        |  |                             |  |   |  |
| 25% of seniors in congregate nutrition sites identified as being at high nutritional risk will experience an improvement in their nutritional status based on an improved nutritional risk score. <b>(LEAD AGENCIES ONLY)</b> | _____ %   |                        |                       |   |         |   |  |                        |  |  |  |                        |  |                             |  |   |  |
| <i><u>Measurement Tools:</u> Customer Survey and Nutrition Screening Form</i>   |   |                        |                       |   |         |   |  |                        |  |  |  |                        |  |                             |  |   |  |
| <b><u>Demands:</u></b>  |   |                        |                       |   |         |   |  |                        |  |  |  |                        |  |                             |  |   |  |
| _____ # of high risk participants who received follow-up screening for nutritional risk. <b>(LEAD AGENCIES ONLY)</b>  |   |                        |                       |   |         |   |  |                        |  |  |  |                        |  |                             |  |   |  |
| <b><u>Outputs:</u></b>  |   |                        |                       |   |         |   |  |                        |  |  |  |                        |  |                             |  |   |  |
| <b>(LEAD AGENCIES ONLY)</b>   |   |                        |                       |   |         |   |  |                        |  |  |  |                        |  |                             |  |   |  |
| _____ # of high risk participants whose nutritional risk scores improved upon follow-up screening (by one or more points)   |   |                        |                       |   |         |   |  |                        |  |  |  |                        |  |                             |  |   |  |
| Responsible Person  |   |                        |                       |   |         |   |  |                        |  |  |  |                        |  |                             |  |   |  |
| FY 2010 Budget<br>(Office on Aging share only)  |   |                        |                       |   |         |   |  |                        |  |  |  |                        |  |                             |  |   |  |

Agency: \_\_\_\_\_

Service: \_\_\_\_\_

**D.C. OFFICE ON AGING  
SENIOR SERVICE NETWORK**

**Performance Goals and Outcome Measures for  
the In-Home and Community Based Services  
FY 2010**

| <b>PROGRAM</b>                      | <b>IN-HOME AND COMMUNITY BASED SERVICES</b>  |
|-------------------------------------|--|
| <b>Activity</b>                     | <b>IN-HOME AND COMMUNITY BASED SERVICES</b>  |
| Activity Purpose Statement          | The purpose of providing In-home and Community Based services to senior Washingtonians 60 years of age and older is so that they can remain in their homes in the community longer.  |
| Services that Comprise the Activity | <ul style="list-style-type: none"><li>• Homemaker services</li><li>• Specialized homemaker services for people suffering from dementia</li><li>• Day Care</li><li>• DC Caregiver Institute</li><li>• Heavy House Cleaning</li><li>• Volunteer Caregiver</li><li>• Age-In-Place</li><li>• UDC Respite Aide Program</li><li>• Home-Delivered Meals (Weekday and Weekend)</li><li>• Weekend Congregate Meals</li><li>• Case Management</li><li>• Comprehensive Assessment</li><li>• Congregate Meals</li><li>• Nutrition Counseling</li><li>• Transportation &amp; Escort</li></ul> |

| Activity<br>Performance<br>Measures  | <table border="1"> <thead> <tr> <th data-bbox="427 186 1068 222"><b><u>Target Results:</u></b></th><th data-bbox="1068 186 1334 222"><b><u>Actual Results</u></b></th></tr> </thead> <tbody> <tr> <td data-bbox="427 222 1068 338">67% of seniors receiving these services will remain in their homes for one year.</td><td data-bbox="1068 222 1334 338">_____ %</td></tr> <tr> <td colspan="2" data-bbox="427 338 1334 411"><b><u>Measurement Tool:</u></b> <i>Service Longevity Spreadsheet</i></td></tr> <tr> <td colspan="2" data-bbox="427 411 1334 464"><b><u>Demand:</u></b></td></tr> <tr> <td colspan="2" data-bbox="427 464 1334 537">_____ # of clients receiving these services at beginning of fiscal year</td></tr> <tr> <td colspan="2" data-bbox="427 537 1334 590"><b><u>Output:</u></b></td></tr> <tr> <td colspan="2" data-bbox="427 590 1334 684">_____ # of same clients receiving these services at end of fiscal year.</td></tr> </tbody> </table> | <b><u>Target Results:</u></b> | <b><u>Actual Results</u></b> | 67% of seniors receiving these services will remain in their homes for one year. | _____ % | <b><u>Measurement Tool:</u></b> <i>Service Longevity Spreadsheet</i> |  | <b><u>Demand:</u></b> |  | _____ # of clients receiving these services at beginning of fiscal year |  | <b><u>Output:</u></b> |  | _____ # of same clients receiving these services at end of fiscal year. |  |
|--|--|-------------------------------|------------------------------|--|---------|--|--|-----------------------|--|---|--|-----------------------|--|---|--|
| <b><u>Target Results:</u></b>  | <b><u>Actual Results</u></b>   |                               |                              |  |         |  |  |                       |  |   |  |                       |  |   |  |
| 67% of seniors receiving these services will remain in their homes for one year. | _____ %  |                               |                              |  |         |  |  |                       |  |   |  |                       |  |   |  |
| <b><u>Measurement Tool:</u></b> <i>Service Longevity Spreadsheet</i>             |  |                               |                              |  |         |  |  |                       |  |   |  |                       |  |   |  |
| <b><u>Demand:</u></b>  |  |                               |                              |  |         |  |  |                       |  |   |  |                       |  |   |  |
| _____ # of clients receiving these services at beginning of fiscal year          |  |                               |                              |  |         |  |  |                       |  |   |  |                       |  |   |  |
| <b><u>Output:</u></b>  |  |                               |                              |  |         |  |  |                       |  |   |  |                       |  |   |  |
| _____ # of same clients receiving these services at end of fiscal year.          |  |                               |                              |  |         |  |  |                       |  |   |  |                       |  |   |  |
| Responsible Person   |  |                               |                              |  |         |  |  |                       |  |   |  |                       |  |   |  |
| FY 2010 Budget<br>(Office on Aging share only)                                   |  |                               |                              |  |         |  |  |                       |  |   |  |                       |  |   |  |



**Office on Aging**  
**Fiscal Year 2010 Continuation Application Grant Receipt**

THE D.C. OFFICE ON AGING IS IN RECEIPT OF A GRANT APPLICATION FROM:

\_\_\_\_\_  
(Organization Name)

\_\_\_\_\_  
(Address, City, State, Zip Code)

\_\_\_\_\_  
(Program Title)

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
Telephone/Fax

\_\_\_\_\_  
E-mail

**D.C. Office on Aging Use, ONLY**

Proposal Received on \_\_\_\_\_, 2009

Time Received: \_\_\_\_\_

Copies Received: Original \_\_\_\_\_ Copies \_\_\_\_\_

Received by: \_\_\_\_\_